

STATE OF NEVADA
BOARD OF EXAMINERS
FOR LONG TERM CARE ADMINISTRATORS
(702) 486-5445
Fax (702) 486-5439
BELTCA
3157 N. Rainbow Blvd., #313
Las Vegas, Nevada 89108
E-mail: beltca@beltca.nv.gov

LICENSURE RENEWAL APPLICATION

This renewal application with the appropriate fees (See Renewal Instructions) must be received on or before the end of the business day on which your current license expires. NEVADA HAS NO GRACE PERIOD. If your application is received after your license expires, you must reapply as though you are a new applicant, pay the appropriate fees, retake the National examination, if appropriate, and complete 8 hours of Regulation Training (NAC 654.112 Section 3 for NFA, NAC 654.152 for RFA). All fees are non-refundable (NAC 654.110).

Per NAC Chapter 654.181, you must notify BELTCA of any contact information and/or facility affiliation change(s) within 15 days of such change or you will be subject to a fine of not less than \$500.00.

I. Licensee Identifying Information

NFA/RFA License No. _____

1. Name: Last: _____ First: _____ Middle: _____
2. Home Address: _____
3. City and State: _____ Zip Code _____
4. Telephone No.: (____) _____ 5. Fax No.: (____) _____
6. Personal E-mail: _____ 7. Cell Telephone No. _____

II. Administrator of Record Information

1. Name of Principal Facility: _____ Facility License No. _____ No. of Beds _____
2. Address: _____
3. City and State: _____ Zip Code _____
4. Telephone No.: (____) _____ 5. Fax No: (____) _____
6. Facility E-mail: _____

RFA Licensees: Please complete a Facilities Fact Sheet if you are the administrator of record for more than 1 facility – you must have an original license in each facility.

III. Personal History Information:

1. Since the date of your last application/renewal of your license, have you been addicted to or used in excess, any drug or chemical substance, including alcohol? Yes ____ No ____
2. Since the date of your last application/renewal of your license, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program or diversion program? Yes ____ No ____
3. Since the date of your last application/renewal of your license, do you have a medical condition, either mental or physical, that in any way impairs or limits your ability to competently perform the duties of your profession? Yes ____ No ____

If the answer is yes to any of the above questions, you must submit a detailed letter of explanation including diagnosis, past treatment efforts (inpatient or out patient), date of last treatment and current treatment plan, including documentation

4. Are you free from contagious disease?

Yes ____ No ____

5. Since the date of your last application/renewal of your license, have you been notified that you were under investigation or investigated for a violation of a statute, rule or regulation governing any professional license issued to you or had a license or certificate revoked, modified, limited or suspended, other disciplinary action instituted against you, or had an application for licensure or certification rejected, denied or limited by a professional licensing authority of another state, territory or country?

Yes ____ No ____

6. Have you ever voluntarily surrendered a license for a nursing facility administrator or residential facility administrator or certificate for a nursing or residential facility?

Yes ____ No ____

If the answer is yes to 5 and/or 6, you must submit a detailed explanation of the circumstances involved.

(Please use the reverse side of this form if more space is required)

7. Since the date of your last Application/Renewal of your license, have you been investigated or arrested for, charged with, convicted of, plead nolo contendere to or received pretrial diversion for an offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding any minor traffic offense (driving or in control of a motor vehicle while under the influence of any chemical substance or alcohol is not considered a minor traffic offense), or had any criminal records sealed or expunged, or advised by an attorney that you do not have to list the conviction, in any jurisdiction? YES ____ NO ____

IF THE ANSWER IS YES, YOU MUST SUBMIT THE FOLLOWING:

A detailed letter of explanation including the date of offense, circumstances leading to arrest, conviction, sentence, additional convictions and current status of sentence.

Copies of court documents identifying actual conviction and sentence.

A letter from your parole/probation officer regarding compliance with requirements or copy of document identifying completion of sentence.

A criminal history printout from a FBI fingerprint check.

PLEASE NOTE: FAILURE TO FULLY AND COMPLETELY DISCLOSE ANY FORMER CHARGES, ARRESTS OR CONVICTIONS MAY RESULT IN NON-RENEWAL OF YOUR LICENSE.

IV. Child Support Statement:

Please place a check mark next to one of the following statements:

____ (a) I am not subject to a court order for the support of a child;

____ (b) I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

____ (c) I am subject to a court order for the support of one or more children and am NOT in compliance with the order, or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's
Signature _____ **Date** _____

V. REPORT OF THE EXISTENCE OF A NEVADA BUSINESS LICENSE – NRS 622.240

All licensees MUST complete this section, regardless of license status. Please select ONE of the Following options:

1. I have a Nevada Business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76. My Nevada business license number is: _____.
2. I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76, and my application is pending.

3. I do NOT have a Nevada business license number. _____

The Nevada State Board of Examiners for Long Term Care Administrators is not the arbiter of determining whether a licensee needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>.

VI. RELEASE OF INFORMATION

Having made application for licensure, I _____ hereby consent to have an investigation as to my moral character, professional reputation, education, experience and other qualifications for licensure as a Residential/Nursing Facility Administrator in the State of Nevada.

I authorize the State of Nevada and its State Board of Examiners for Long Term Care Administrators or their agents or representatives to acquire from any source of information it may request concerning my professional, academic and character qualifications. This information may include, without limitation implied by enumeration, confidential reports, file records, documents and transcripts of any type of civil, criminal, disciplinary, or administrative action or proceedings.

I authorize and request every person, physician, firm, corporation, government agency, or other institution having control of any documents, records, or other information pertaining to me, to furnish such information and to allow review and copying of such information to and by the authorized persons herein.

From time to time, the Board receives requests for mailing lists. These requests generally come from entities that provide CEU courses, and sometimes, from facilities in need of an Administrator. Facility information is provided including the name of the Administrator. Please indicate below that if at any time you are not associated with a Facility, you would like your personal information on file with BELTCA (address phone number and email address) included on these lists.

I would like my personal information provided for mailing lists: Yes: _____ No: _____

Applicant's
Signature _____ Date _____

VII. Military Service

Have you ever served in the military?

Yes _____ **No** _____

Branch(es) of Service? (Check all that apply)

_____ **Army/Army Reserve**
_____ **Marine Corps/Marine Corps Reserve**
_____ **Navy/Navy Reserve**
_____ **Air Force/Air Force Reserve**
_____ **Coast Guard/Coast Guard Reserve**
_____ **National Guard**

From: _____ **To:** _____
From: _____ **To:** _____
From: _____ **To:** _____
From: _____ **To:** _____
From: _____ **To:** _____
From: _____ **To:** _____

Military Occupation/Specialties?

If it has been four (4) years or more since your last background check, you must provide this office with two (2) fingerprint cards or a receipt indicating that fingerprints have been submitted electronically. Please return fingerprint cards to this office together with your renewal documents.

BY SIGNING ON THE SIGNATURE LINE BELOW:

- 1) I HEREBY REPRESENT THAT I AM THE PERSON NAMED IN THIS APPLICATION FOR RENEWAL OF ADMINISTRATOR'S LICENSE IN THE STATE OF NEVADA AND THAT ALL STATEMENTS I HAVE MADE HEREIN ARE TRUE;
- 2) I UNDERSTAND THAT THIS APPLICATION FOR RENEWAL WILL BE DENIED IF I HAVE NOT PLACED A CHECK MARK NEXT TO (a), (b) or (c) UNDER THE CHILD SUPPORT STATEMENT SECTION;
- 3) I UNDERSTAND THAT THIS APPLICATION FOR RENEWAL WILL BE DENIED IF I HAVE NOT ANSWERED ALL QUESTIONS THEREON AND/OR ATTACHED THERETO A WRITTEN EXPLANATION(S) TO ANY "YES" ANSWER(S); AND
- 4) I ACKNOWLEDGE THAT I AM AWARE OF THE LAWS AND REGULATIONS REGARDING THE LICENSURE OF RESIDENTIAL/NURSING FACILITY ADMINISTRATORS IN THE STATE OF NEVADA.

Licensee's Signature _____

Date _____ 20 _____

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CONTINUING EDUCATION AFFIDAVIT

Name: _____ RFA/NFA License Number: _____
(Please print)

Please provide information for each activity for which you are requesting Continuing Education Units (CEU's). **Only courses approved by BELTCA or NAB qualify for CEU hours. All licensees are required to complete a minimum of 2 hours on Ethics and 2 hours on Regulations. Medication Supervision classes both initial and renewal as required by HCQC do not qualify for CEU hours. You must provide Certificates of Completion for each course listed below.** If additional space is required, photocopy an additional sheet and attach hereto. Originals will not be returned to the licensee.

<u>DATE</u>	<u>PRESENTER</u>	<u>COURSE TITLE</u>	<u>BELTCA/NAB APPROVAL NUMBER</u>	<u>NUMBER OF CEUS</u>
Total Number of CEU'S _____				

This is to certify that the above and attached information is accurate and represents my Continuing Education Units which have been obtained during my current license year(s) which are required by law.

Signature: _____ Date: _____ 20____

ADMINISTRATOR FINGERPRINT PROCESSING INSTRUCTIONS (CARDS)

As an applicant for licensure with the Board of Examiners for Long-Term Care, it is your responsibility to obtain fingerprinting from an authorized law enforcement agency. Attached is a Civil Applicant Waiver which **MUST BE COMPLETED**.

All blanks must be completed.

APPLICANT FINGERPRINT CARD

Name: _____ (Last, First, Middle)	Height: _____
Signature: _____	Weight: _____
Aliases (AKA): _____	Color – Eyes: _____
Citizenship: _____	Color – Hair: _____
Date of Birth: _____	Place of Birth: _____
	Race: _____
Social Security Number: _____	Sex: _____
Signature of official taking fingerprints: _____	

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REGISTRATION APPLICANT ELECTRONIC SUBMISSION FORM

Provide this form to the fingerprint technician at the time fingerprints are taken and return it to BELTCA for inclusion in your application submission.

Applicant Name (Last, First, MI): _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Place of Birth: _____

SSN: _____ Citizenship: _____

Sex: _____ Race: _____ Hgt: _____ Wgt: _____ Eyes: _____ Hair: _____

Reason Fingerprinted: NFA 654.150; RFA 654.155 Registration payment has been confirmed.

ORI: NV920440Z

Account Number: 880351

The above named individual was fingerprinted and said prints
Will be sent electronically to the Central Repository for
Nevada Records of Criminal History on behalf of the
Board of Examiners for Long Term Care Administrators.

Fingerprint Agency Stamp

Fingerprint Representative
Signature

TCN#:

Date:

CIVIL APPLICANT WAIVER
NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS
(This form must be completed when submitting fingerprints)

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have the rights which are discussed below.

1. You must be notified by the Nevada Board of Examiners for Long Term Care Administrators (BELTCA) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau, upon request. If you decide to challenge the accuracy of completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 – Procedure to obtain a change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 59.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that official receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposed and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize the Nevada Board of Examiners for Long Term Care Administrators (BELTCA) to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau, for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me. In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted by criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above:

Applicant's Name: _____
(Please Print Last, First, Middle)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: NEVADA BOARD OF EXAMINERS FOR LONG TERM CARE ADMINISTRATORS (BELTCA)

Address: 3157 N. Rainbow Blvd, #313, Las Vegas, Nevada 89108

Agency Representative: Sandy Lampert

Agency's Representative Signature: _____

Date: _____